PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and outditation of maintenance fees will be maintenance from the residence and the publication of the residence of the residence address as a maintenance fees will be maintenance as separate FEE ADDRESS' for maintenance fees will be maintenance as separate FEE ADDRESS' for maintenance fees will be maintenance fees wil maintenance fee notifications

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of addre

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

22850 7590 04/07/2009 Certificate of Mailing or Transmission

CUSTOMER NUMBER 22850

ISSUE FEE DUE

\$1510

ART UNIT

2.C.1 hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (371) 273-2885, on the date indicated below.

TOTAL FEE(S) DUE

\$1810

DATE DUE

07/07/2009

l	(Signature)					
	(Date)					
l	CONFIRMATION NO.	ATTORNEY DOCKET NO.	FIRST NAMED INVENTOR	FILING DATE	APPLICATION NO.	
	9424	286220US6PCT	Ryohei Yasuda	02/23/2006	10/569,227	

\$300

CLASS-SUBCLASS

PUBLICATION FEE DUE PREV. PAID ISSUE FEE

Payment by credit card. Transmitted via EFS-Web.

90

TITLE OF INVENTION: CONTENT ACQUISITION METHOD

SMALL ENTITY

NO

APPLN, TYPE

nonprovisional

EXAMINED

Advance Order - # of Copies ____

5. Change in Entity Status (from status indicated above)

QUADE	R, FAZLUL	2164	707-010000			
CFR 1.363). Change of corres Address form PTO/	dication (or "Fee Address" -02 or more recent) attach	nge of Correspondence	(2) the name of a single is registered attorney or ass	registered patent attorneys ly. Firm (having as a member a ent) and the names of up to evs or agents. If no name is	1_Oblon, Spivak, 2_McClelland, Maier 3_& Neustadt, P.C.	
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (grint or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set often in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
SONY	CORPORATIO	N	Tokyo,	JAPAN		
Please check the appropriate assignee category or categories (will not be printed on the patent): 🚨 Individual 💈 Corporation or other private group entity						
4a. The following fee(s Issue Fee Publication Fee () are submitted: No small entity discount o		A check is enclosed.	first reapply any previously	y paid issue fee shown above)	

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature	4 Auch	Date6[14/69
Typed or printed name	James D. Hamilton	Registration No. 28.42

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.41. This collection is estimated to take 12 minutes to complete, including gathering, repeating, and this form and/or comments on the amount of time your requires to complete this form and/or suggestions for reducing this burden, and the wall way depending upon the individual case. Any comments on the amount of time your requires to complete this form and/or suggestions for reducing this burden, ashable wall way depending upon the individual case. Any comments of the process of time to complete the co

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).